

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	age burden

hours per response.....16.00

/ 333 7-56

SEC USE ONLY Prefix Serial					
Prefix		Serial			
DA	TE RECEIV	ED			

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Naples Fund, LLC	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing	RECEIVED
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	JUL 1 \$ 2005
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Naples Fund, LLC	198 (85)
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1004 Collier Center Way, Suite 103, Naples. FL 34110	(239) 593-5525
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) N/A	N/A
Brief Description of Business	
The principal purpose of the Company is to acquire, develop, manage, market, lease and sell commercial	al property in Lee County, Florida.
Type of Business Organization	lease specify): PROCESSEI
corporation limited partnership, already formed other (p	lease specify):
business trust limited partnership, to be formed Limited Liab	ility Company III 1 9 2005
Month Year	20 10 To 200
Actual or Estimated Date of Incorporation or Organization: 1 2 0 4 Actual Estim	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	FC
GENERAL INSTRUCTIONS	
Federal:	

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to tile notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not



A	. BASIC IDENTIF	ICATION DATA		
2. Enter the information requested for the following:				
• Each promoter of the issuer, if the issuer has been	organized within t	he past five years;		
 Each beneficial owner having the power to vote or of 	dispose, or direct the	vote or disposition of	f, 10% or more of	a class of equity securities of the issuer.
Each executive officer and director of corporate is	ssuers and of corpor	ate general and mana	ging partners of p	artnership issuers; and
Each general and managing partner of partnership	issuers.			
Check Box(es) that Apply: Promoter Benefit	icial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Naples Asset Management Company,LLC				
Business or Residence Address (Number and Street, City,	State, Zip Code)			
1004 Collier Center Way, Suite 103, Naples. FL 34110				
Check Box(es) that Apply: Promoter Benef	icial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City,	State, Zip Code)			
Check Box(es) that Apply: Promoter Benef	icial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City,	State, Zip Code)			
Check Box(es) that Apply: Promoter Benefit	icial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City,	State, Zip Code)		_,,	
Check Box(es) that Apply: Promoter Benef	icial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City,	State, Zip Code)			
Check Box(es) that Apply: Promoter Benef	icial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City,	State, Zip Code)			
Check Box(es) that Apply: Promoter Benef	ficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street, City,	State, Zip Code)			
(Use blank sheet, or	copy and use additi	onal copies of this sh	eet, as necessary)	

				В. П	NFORMAT	ION ABOU	T OFFERD	NG				
1 1141-	. : 1.1				11 4			41.160	0		Yes	No
1. Has th	e issuer sold	, or does u			ii, to non-a i Appendix,				-			\checkmark
2. What i	is the minim	um investm					_				\$\$50,0	100
					F	,					Yes	No
	he offering p	-		-							\checkmark	
comm If a per or state	the informat ission or simi rson to be list es, list the na er or dealer,	lar remune ted is an ass me of the b	ration for s sociated pe roker or de	olicitation rson or age aler. If me	of purchase ent of a brok ore than five	ers in conne er or deale (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in the EC and/or	he offering. with a state		
Full Name	(Last name i	first, if indi	vidual)									
Business of	r Residence	Address (N	umber and	Street, C	ity, State, Z	ip Code)						
Name of A	ssociated Br	oker or De	aler	-								<u></u>
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Checl	k "All States	" or check	individual	States)				••••		••••••		l States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name	(Last name i	first, if indi	(vidual)									
Business o	or Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)			-1-4.			
Name of A	ssociated Br	oker or De	aler							·		
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers		 -				-
(Checl	k "All States	" or check	individual	States)						•••••	A11	l States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Name	(Last name	first, if ind	vidual)		· · · · · · · · · · · · · · · · · · ·					· / · · · · · · · · · · · · · · · · · ·		
Business o	or Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Name of A	ssociated Br	oker or De	aler									
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				 		
(Chec	k "All States	" or check	individual	States)					• • • • • • • • • • • • • • • • • • • •		A11	1 States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.		curities included in this offering and the total amount already or "zero." If the transaction is an exchange offering, check				
	this box and indicate in the columns	below the amounts of the securities offered for exchange and				
	already exchanged.		Aggregate		Am	ount Already
	Type of Security		Offering Price			Sold
	Debt		\$	_ 1	S	
	Equity		\$	5	S1	<u>).</u>
		Common Preferred				
	Convertible Securities (including wa	arrants)	\$	\$	S	
	Partnership Interests	LLC Interests	\$		S	
	Other (Specify)	\$ 30,000,000	\$	S	
		MAXIMUM			<u></u>	0.
	Answer also in Appen	dix, Column 3, if filing under ULOE.				
2.	offering and the aggregate dollar amout the number of persons who have pur purchases on the total lines. Enter "0"	n-accredited investors who have purchased securities in this nts of their purchases. For offerings under Rule 504, indicate chased securities and the aggregate dollar amount of their if answer is "none" or "zero."	Number Investors		Do	Aggregate llar Amount F Purchases 0.
					\$ \$	O.
		ile 504 only)			\$ \$	0.
	, -	pendix, Column 4, if filing under ULOE.		~	Ψ	
3.	If this filing is for an offering under Rul sold by the issuer, to date, in offerings	e 504 or 505, enter the information requested for all securities of the types indicated, in the twelve (12) months prior to the Classify securities by type listed in Part C — Question 1.				
	Type of Offering		Type of Security		Do	ollar Amount Sold
	Rule 505	**********************************	N/A	-	\$	
	Regulation A		N/A	_	\$	
	Rule 504		N/A	-	\$	
	Total		N/A	_	\$	
4	securities in this offering. Exclude am	ses in connection with the issuance and distribution of the ounts relating solely to organization expenses of the insurer of to future contingencies. If the amount of an expenditure is eck the box to the left of the estimate.	•			
	Transfer Agent's Fees				S	
	Printing and Engraving Costs			_	S	
	Legal Fees			_ \$	S	20,000.00
	Accounting Fees		<u> </u>	_ _	S	5,000.00
	Engineering Fees			_ 	S	25,000.00
	Sales Commissions (specify finde	rs' fees separately)		_ _	S	
	Other Expenses (identify)			_ \$	S:	300,000.00
	Total] \$	S3	50,000.00

L	C. OFFERING FRICE, NO	VIBER OF INVESTORS, EAFENSES AN	- COL OT TROCEEDS	
	b. Enter the difference between the aggregate off and total expenses furnished in response to Part C-proceeds to the issuer."	- Question 4.a. This difference is the "ad	justed gross	<u>\$ 8,545,000.</u>
5.	Indicate below the amount of the adjusted gross peach of the purposes shown. If the amount for check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	any purpose is not known, furnish an es of the payments listed must equal the adj	stimate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$	\$
	Purchase of real estate		\$	\$
	Purchase, rental or leasing and installation of m and equipment			\$
	Construction or leasing of plant buildings and fa	acilities	\$	\$ 29,550,000.00
	Acquisition of other businesses (including the v offering that may be used in exchange for the as issuer pursuant to a merger)	ssets or securities of another		\$
	Repayment of indebtedness		—	
	Working capital		1444	
	Other (specify):			
				\$
	Column Totals			_ [] \$
	Total Payments Listed (column totals added)		\$_	29,650,000.00
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fundamentation furnished by the issuer to any non-actions.	furnish to the U.S. Securities and Exchan	nge Commission, upon writ	
Īss	uer (Print or Type)	Signature	Pate 101	200
_ N	aptes Fund, LLC	Vall IN LEW	Wheddo	(W)
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
ı	Paul McIntyre	President		

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No 🗸
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature N	Date
Naples Fund, LLC	Yalm Lan	JUN 273205
Name (Print or Type)	Title (Print or Type)	***************************************
Paul McIntyre	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

•				AĤ	PENDIX				
1	Intendation to non-a	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Sinvestor and rchased in State C-Item 2)		under Sta (if yes, explana	ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
СТ									
DE									
DC									
FL		✓				0			
GA									
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MD									
MA									
MI	<u> </u>								
MN		1	1	1					1

MS

APPENDIX

1	2 3			2 3 4							
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under Sta (if yes, explana waiver	ification ate ULOE attach ation of granted) Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МО											
МТ											
NE											
NV							· · · · · · · · · · · · · · · · · · ·				
NH											
NJ											
NM											
NY											
NC											
ND											
ОН											
ОК											
OR											
PA											
RI											
SC											
SD											
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TX				<u> </u>							
UT											
VT											
VA											
WA											
WV											
WI											

_ c	•								
				APP	ENDIX				
1		2	3	3 4				5 Disqualification	
	to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	under State U (if yes, attact Type of investor and explanation amount purchased in State waiver grant (Part C-Item 2) (Part E-Item		amount purchased in State			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									